

the appropriateness for cardiac transplantation we decided to perform cardiac catheterization. Before the procedure, routine laboratory tests including blood tests and chest radiography were obtained. A cavitary mass was seen within the right lower lobe neighboring diaphragm (Fig. 1). The patient had non-productive cough. His past medical history was scrutinized and a contact history with a patient with tuberculosis infection was found. Laboratory examination revealed a seropositive test for the aspergillus fungus. Computed tomography (CT) was performed for the exact anatomical and radiodiagnostic diagnosis. It showed a cavitary mass (aspergilloma) with hyper- and hypodense areas corresponding fungal tissue (fungus ball) and filled with air (Fig. 2).

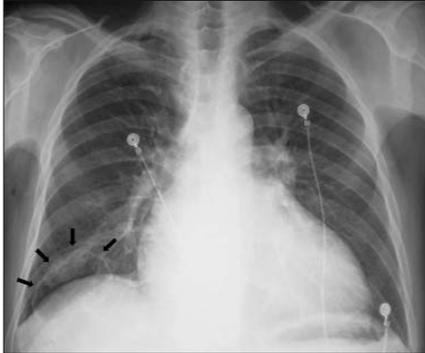


Figure 1. Chest radiography image showing increased cardio-thoracic ratio and the cavitary mass in the right lower lobe (black arrows)

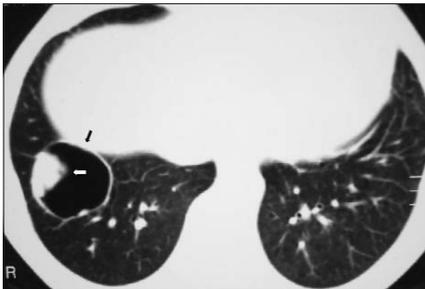


Figure 2. Computed tomography image showing the aspergilloma (black arrow) containing fungal debris (white arrow) on lung window image

Aspergillosis is a pulmonary infection caused by the aspergillus fungus. Fungus might cause disease in three ways: an allergic reaction in asthmatics; a colonization in scarred lung tissue like in tuberculosis; and an invasive infection with pneumonia which can affect the other organs such as heart, lungs, brain, and kidneys. Although most patients present with hemoptysis or productive cough, aspergillomas might be discovered incidentally on radiographs as in our case. Most lesions occur in the upper lobes. Dilated cardiomyopathy forms a background for immunocompromised condition. Pulmonary infections are common in these patients. Such infections complicate the course of the primary illness. In conclusion, cardiomyopathy patients even with mild symptoms should be evaluated for infectious diseases.

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## Surgical approach to giant femoral artery pseudoaneurysm due to gunshot injury

### *Ateşli silah yaralanmasına bağlı gelişen dev femoral psödoanevrizmasına cerrahi yaklaşım*

A 32 years old man was injured with gunshot 6 weeks ago. He was admitted to our clinic because of progressive left thigh medial tumor, function loss and pain in the last 4 weeks (Fig. 1). His left leg was slightly cold and peripheral pulses were hardly determined when compared with the other leg. There was pulsation on the mass and a murmur was heard on the affected leg. Lower extremity angiography showed a 6x5 cm saccular aneurysm, distal to left superficial femoral artery (Fig. 2). He was operated under endotracheal general anesthesia and in supine position. Pseudoaneurysm capsule of 13x10x9 cm in size was opened and organized thrombus masses were removed (Fig. 3). Saphenous vein graft's diameter was not enough for interposition, so patency was constructed with 6mm ringed expanded polytetrafluoroethylene (e-PTFE:Gore-tex) tube graft interposition (Fig. 4). Control color Doppler ultrasonography showed that ringed e-PTFE graft was patent.



Figure 1. Giant pseudoaneurysm mass at the left thigh of our patient

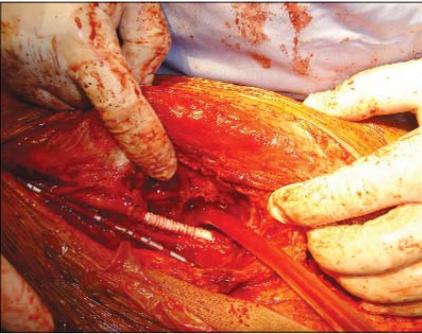


Figure 2. Angiographic image of pseudoaneurysm sac and the causative bullet

In this study we report a late-period giant femoral pseudoaneurysm due to gunshot injury at left distal femoral region and our diagnostic and surgical approaches. Vascular injuries comprise 3% of the traumas occurring in the daily life and even in 21st century, morbidity and mortality rates are significantly high. Femoral artery, especially the superficial femoral artery is the most frequent injured vessel during daily life and war, because it is relatively long and open to trauma. Therapeutic interventions include open surgical repair, ultrasound guided



**Figure 3.** Intraoperative view of the organized thrombus abundantly present in the pseudoaneurysm sac, which was exposed after the capsule was opened



**Figure 4.** Intraoperative view of continuity of femoral artery patency with 6 mm ringed e-PTFE graft interposition

compression, thrombin injection under ultrasound, coil embolization and endovascular repair with stent-graft. Open surgical repair should always be the first choice of treatment.

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